

APPLICATION FOR JUDICIAL BRANCH FEDERAL EMPLOYMENT

If you need additional space, continue under "Remarks" listing item number.

Position Title and Vacancy Number		Location Los Angeles <input type="checkbox"/> Santa Ana <input type="checkbox"/> Riverside <input type="checkbox"/>			
1. Name Last, First, Middle Initial Mr. Miss. Mrs. Ms.		2. Phone Number		3. Social Security Number	
4. Present Address		5. Place of Birth			
6. Other Names Previously Used for Employment Purposes		7. Date of Birth		City	
				State	
				Foreign Country	

GENERAL

8. Are you a U.S. Citizen? YES ☐ NO ☐ — Give the Country of your citizenship _____

9. a. Were you ever a Federal civilian employee? YES ☐ NO ☐ — For highest civilian grade give: _____ / _____
series grade

b. Are you receiving a Federal annuity payment? YES ☐ NO ☐

10. Do you have any relatives that are Judges, Officers or employees of the United States Courts? If so, give their names, positions, and relationships to you.
YES ☐ NO ☐

11. Have you ever been discharged from a position or asked to resign under the threat of discharge? YES ☐ NO ☐ If yes, explain under Remarks at the end of this form.

12. Have you ever been convicted? YES ☐ NO ☐ (You may omit: (1) offenses committed before your 18th birthday and adjudicated under a juvenile offender law; (2) offenses adjudicated under a youth offender law; (3) offenses as to which the record has been expunged; (4) minor traffic violations for which you paid a fine of \$100 or less.) If yes, explain under Remarks at the end of this form.

EDUCATION

13. a. Do you have a high school diploma or G.E.D. equivalent? YES ☐ NO ☐ If yes, Date of Completion _____

b. Name and location of colleges or universities attended (including law schools)	Dates Attended		Number of Credit Hours		Degree	Date Received	Grade Point Average and/or scholastic standing
	Quarter	Semester	Quarter	Semester			
Chief Undergraduate Subjects	Credit Hours		Chief Graduate Subjects			Credit Hours	
	Quarter	Semester				Quarter	Semester

c. Special skills, accomplishments, awards, honors, fraternities, sororities & societies (Specify) YES ☐ NO ☐

d. Other schools or training such as trade, vocational, Armed Forces, or business. Give for each: Name and location of school, dates attended, subject studied, certificates, and any other pertinent data.

MILITARY SERVICE

14. a. Have you ever served on active duty with the military? YES ☐ NO ☐ If yes, attach a copy of DD 214, Notice of Separation.

b. Are you retired from military service? YES ☐ NO ☐

APPLICANTS FOR LEGAL POSITIONS

15. a. Are you admitted to the Bar? YES ☐ NO ☐ If yes, list the Bar(s) to which admitted and dates of admission:

Is your Bar membership ☐ Active ☐ Inactive

b. Did you attend a Bar review course? YES ☐ NO ☐ List type of course: _____
Dates Attending: From: _____ To: _____

WORK EXPERIENCE

Including experience while in military service.

(Start with your present position and work back 10 years. Use additional page if necessary.)

A

Dates of Employment (month, day, year) From: _____ To: _____		Number of hours worked per week:	Exact Title of Your Position	
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Classification Grade/Level (If in Federal Service)	Place of Employment City _____ State or _____ Country _____	Kind of Business or Organization
Name and Address of Employer (firm, organization, etc.)			Name and Title of Immediate Supervisor	
Business Telephone: _____ Area Code _____ Number _____			Number of Employees Supervised	
Reason for Leaving				
Description of Work				

B

Dates of Employment (month, day, year) From: _____ To: _____		Number of hours worked per week:	Exact Title of Your Position	
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Classification Grade/Level (If in Federal Service)	Place of Employment City _____ State or _____ Country _____	Kind of Business or Organization
Name and Address of Employer (firm, organization, etc.)			Name and Title of Immediate Supervisor	
Business Telephone: _____ Area Code _____ Number _____			Number of Employees Supervised	
Reason for Leaving				
Description of Work				

REMARKS: (Use this space for continuation of answers. List the number of items being continued.)**APPLICANT CERTIFICATION**

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE

DATE SIGNED

CONTINUATION SHEET AO-78

Dates of Employment (month, day, year)		Number of hours worked per week:	Exact Title of Your Position	
From: _____ To _____				
Salary or Earnings		Classification Grade/Level (If in Federal Service)	Place of Employment	Kind of Business or Organization
Starting	\$ _____ Per _____		City _____	
Final	\$ _____ Per _____		State or _____ Country _____	
Name and Address of Employer (firm, organization, etc.)			Name and Title of Immediate Supervisor	
Business Telephone: _____ Area Code _____ Number _____			Number of Employees Supervised _____	
Reason for Leaving _____				
Description of Work _____				

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